

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 01, 2001 08:00 AM
Secretary of State

DOCUMENT # L94000000745

1. Entity Name
 WODLINGER INTERNATIONAL, L.C.

Principal Place of Business 8114 COSTA BRAYA COURT NAPLES FL 34108	Mailing Address C/O STEVE CLARK, CPA 700 11TH STREET SOUTH, SUITE PH-3 NAPLES FL 34102
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2. Principal Place of Business 800 LAUREL OAKS DRIVE Suite, Apt. #, etc. #200	3. Mailing Address Suite, Apt. #, etc.
City & State NAPLES FL	City & State

4. FEI Number **65-0545841** Applied For Not Applicable

Zip 34103	Country US	Zip	Country
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5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 WODLINGER MARK L
 8114 COSTA BAYA COURT
 NAPLES FL 34102 US

7. Name and Address of New Registered Agent
 Name
 WODLINGER MARK L
 Street Address (P.O. Box Number is Not Acceptable)
 800 LAUREL OAKS DRIVE
 #200
 City NAPLES FL Zip Code 34103

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE **05/01/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS			
TITLE	MGR	<input type="checkbox"/> Delete	
NAME	WODLINGER MARK L		
STREET ADDRESS	8114 COSTA BAYA COURT		
CITY-ST-ZIP	NAPLES FL 34102		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

10. ADDITIONS / CHANGES			
TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WODLINGER MARK L		
STREET ADDRESS	800 LAUREL OAKS DRIVE #200		
CITY-ST-ZIP	NAPLES FL 34103		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARK L. WODLINGER MGR Date **05/01/2001** Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (11/00)